

APPENDIX E. SUMMARY OF CDC/HPP STATE GRANT AWARDS

		Grant Amount	Total Paid	Balance	
2007/08	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 21,559,714	\$2,432,064	\$19,127,650	
2006/07	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 16,551,200	\$15,400,599	\$1,150,601	
2005/06	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 22,820,063	\$17,126,496	\$5,693,567	*
		\$ 60,930,977	\$ 34,959,159	\$ 25,971,818	
		Grant Amount	Total Paid	Balance	
2007/08	Hospital Preparedness Program	\$ 20,046,506	\$993,591	\$19,052,915	
2006/07	Hospital Preparedness Program	\$ 14,045,286	\$8,590,445	\$5,454,841	
2005/06	Hospital Preparedness Program	\$ 12,439,858	\$12,439,858	\$0	
		\$ 46,531,650	\$ 22,023,894	\$ 24,507,756	
Expenditures through 12/31/07					

* CDPH was granted approval from CDC to carryover \$5.6 million in obligated contracts from 2005/06 to 2006/07.

Emergency Medical Services Authority

		Grant Amount	Total Paid	Balance
2007/08	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 180,000	\$0	\$180,000
2006/07	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 180,000	\$178,099	\$1,901
2005/06	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 360,000	\$274,710	\$85,290 *
		<u>\$ 720,000</u>	<u>\$ 452,809</u>	<u>\$ 267,191</u>
		Grant Amount	Total Paid	Balance
2007/08	Hospital Preparedness Program	\$ 3,578,000	\$0	\$3,578,000
2006/07	Hospital Preparedness Program	\$ 3,330,374	\$3,190,779	\$139,595
2005/06	Hospital Preparedness Program	\$ 2,244,190	\$2,244,190	\$0
		<u>\$ 9,152,564</u>	<u>\$ 5,434,969</u>	<u>\$ 3,717,595</u>

Expenditures through 12/31/07

* Remaining balance redistributed.

Emergency Medical Services Authority Activities

EMSA State Grant Award (Continuation Page)

CDC funds are provided to EMSA to support Regional Disaster Medical Health Specialist (RDMHS) staff who assist LHDs in planning for receipt and dispensing of the contents of the Strategic National Stockpile (SNS), participate in the planning for placement of the CHEMPACK caches locally, support integration of the National Incident Management System (NIMS), assist in addressing medical and health response personnel credentialing issues, and support exercise activities for the annual Medical/Health and Golden Guardian exercises.

HPP funds have been provided for the following activities:

Update and revise the Hospital Incident Command System (HICS) Version III to incorporate National Incident Management System (NIMS) requirements and develop a HICS user manual. Conduct regional training sessions for hospitals in the updated and newly developed systems.

Develop statewide guidelines, protocols and plans for establishing field treatment sites to be established at the local level, at the hospitals, event site, or community-based sites within the impacted operational area.

Develop Emergency System for Advance Registration of Volunteer Health Professionals (ESAR/VHP) healthcare personnel registry and credentialing system with a multi-tiered process, working closely with licensing boards, professional associations, and major healthcare providers, and targeting physicians, nurses, behavioral health professionals, and dentists.

Develop plans, templates, and guidelines for Medical Reserve Corps (MRC) teams to ensure consistent and collaborative programs, coordinated at the local, regional, and state level. The MRC will be consistent with and operate within California's Standardized Emergency Management System (SEMS), the state California Volunteers program and emergency management and public health systems.

Expand California Poison Control Center services to link with local and state terrorism surveillance efforts.

Establish a cache of medications for burn and trauma care and trauma care supplies and instruments. Working with the existing EMSA Trauma Advisory Committee, develop strategies for enhancing trauma and burn surge capacity during an emergency, and strategies for providing hospitals with equipment and supplies. Establish pre-positioned mobile trauma units within the state to respond to an incident and augment trauma/burn care.

Enhance and expand ambulance strike teams to meet HPP benchmark for EMS capacity, including strike team communications. Investigate the need for and components of strike team caches of durable medical equipment and supplies for ambulance strike teams.

Enhance current hospital communication systems and establish communication linkages with hospitals in dispatch centers and ambulance providers.

California Department of Public Health

		Grant Amount	Total Paid	Balance
2007/08	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 21,559,714	\$2,432,064	\$19,127,650
2006/07	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 16,371,200	\$15,222,500	\$1,148,700
2005/06	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 22,460,063	\$16,851,786	\$5,608,277 **
		<u>\$ 38,831,263</u>	<u>\$ 32,074,286</u>	<u>\$6,756,977</u>
		Grant Amount	Total Paid	Balance
2007/08	Hospital Preparedness Program	\$ 20,046,506	\$993,591	\$19,052,915
2006/07	Hospital Preparedness Program	\$ 10,484,912	\$5,399,666	\$5,085,246 *
2005/06	Hospital Preparedness Program	\$ 9,870,668	\$9,870,668	\$0
		<u>\$ 20,355,580</u>	<u>\$15,270,334</u>	<u>\$5,085,246</u>

Funds contracted with EMSA and DMH shown separately.

*Remaining funds in encumbered contracts.

**CDPH was granted approval from CDC to carryover \$5.6 million in encumbered contracts from 2005/06 to 2006/07.

Expenditures through 12/31/07

California Department of Public Health Activities

CDPH State Grant Award (Continuation Page)

From 2001-2004, CDC required CDHS to address seven focus areas: preparedness and planning; surveillance and epidemiology; biologic agent laboratory capacity; chemical agent laboratory capacity; communications and information technology; risk communications; and education and training. In 2005, the focus areas changed to outcome oriented goals focused on preventing, detecting/reporting, investigating, controlling, recovering and improving California's response.

Additionally, California's CDC grant includes funds earmarked for three specific activities:

Chemical Laboratory

CDC allocates funds for CDHS to maintain a state-of-the-art chemistry laboratory to test for bioterrorism agents and other toxic chemicals in human samples. Presently, only five states receive funds to support laboratories to test for chemicals in human samples and CDHS is the only state health department on the West Coast with this capacity.

Early Warning Infectious Disease Surveillance (EWIDS)

CDC allocates funds to the four states on the U.S.- Mexico border to monitor and detect infectious diseases through surveillance and laboratory testing at the U.S.- Mexico border. EWIDS is the only area of the CDC cooperative agreement where activities are restricted to biological agents that could be used for terrorism. CDHS coordinates EWIDS activities with state and local health officials and health professionals, the Mexican government, and state health departments in Texas, New Mexico, and Arizona.

Cities Readiness Initiative (CRI)

CRI is a federal initiative to increase bioterrorism preparedness in the nation's larger cities for assuring that cities can provide prophylaxis to its entire population. The goal is to complete a mass prophylaxis of an area's within 48-hours of the decision to do so. Seventeen local health departments (LHDs) and 78% of California's population now encompassed under the CRI planning umbrella.

Real-Time Disease Detection

In 2007-08, CDC allocated funds for Real-Time Disease Detection. CDPH is collaborating with the California Poison Control System (CPCS) to improve the early detection, surveillance, and investigative capabilities of CPCS for chemical, biological, radiological and nuclear events. CDPH and CPCS are working with EMSA and the Los Angeles Department of Public Health in expanding CPCS' capacity to collect and analyze data and share it with state and local agencies.

CDC PANDEMIC INFLUENZA GRANT FUNDS

In 2006-2007 CDHS allocated \$4.5 million in federal funds to 58 LHDs to support public health pandemic influenza emergency preparedness. LHDs created plans that addressed the following pandemic influenza specific priority Target Capabilities: Pandemic Planning, Mass Prophylaxis, Isolation and Quarantine, Medical Surge and Planning for Alternate Care Sites, and Communication. In addition to these federal funds, CDHS allocated \$11.1 million in state General Fund dollars provided by the California Budget Act of 2006/07 for pandemic preparedness. These funds are not included in this report. In 2007/2008 CDPH allocated \$9.3 million in federal funds to 58 LHDs and \$4.0 million to State Operations to support public health pandemic influenza emergency preparedness.

HPP

From 2002-2006 HPP required California to address critical benchmarks within six priority areas. These benchmarks included administration; regional surge capacity; emergency medical services triage, transportation, and patient tracking; linkages between hospital laboratories and local health department laboratories; education and preparedness training; and terrorism preparedness exercise. In 2006-2007, HPP changed from benchmarks to target capabilities that address Personnel, Planning, Equipment and Systems, Training, and Exercises. In 2007-08, HPP changed from target capabilities to level 1 and level 2 capabilities; targeting interoperable communications, tracking of available hospital beds, volunteer registration, fatality management, and healthcare facility evacuation, as priority level 1 capabilities. Level 2 capabilities include alternate site planning, mobile medical assets, pharmaceuticals, personal protective equipment, and decontamination.

Department of Mental Health

		Grant Amount	Total Paid	Balance
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2006/07	Hospital Preparedness Program	\$ 230,000	\$0	\$230,000
		\$ 230,000	\$ -	\$230,000

Department of Mental Health Activities

Expenditures through 12/31/07

The Department of Mental Health (DMH) developed a Disaster Mental Health Policy and Program Development White Paper outlining policies and programs to increase the capacity of California's public and private mental healthcare system to respond to natural disasters, pandemic outbreaks and acts of terrorism. This white paper represents an important milestone in developing a statewide approach to addressing mental health needs in response to an emergency. In conjunction with the UCLA Center for Public Health and Disasters, DMH has developed a paper describing the integration of private, public stakeholder and national best practice approaches to developing disaster mental health competencies. DMH, in conjunction with University of California, Davis, developed a web-based course titled "Disaster Mental Health" which meets core competencies identified in meeting behavioral health needs during an emergency. In addition, DMH held its first annual Disaster Mental Health Summit titled "Prescription for Preparedness" in August 2007.